



Boston Inspectional Services Department

Public Records Request Form M.G.L. c. 66, s. 10

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please Check: ☐ Owner ☐ Occupant ☐ Legal Representative
☐ News Media ☐ None of the above

Please indicate the location of the property for which you are requesting records:

Address: _____

Neighborhood: _____ Ward: _____

Business Name (if applicable): _____

I am requesting the following division(s):

☐ Building ☐ Health ☐ Weights and Measures
☐ Housing ☐ Legal ☐ Environmental Services/Code Enforcement

Please identify the documents requested, including the relevant time frame of the request:

Signature: _____